1. Date of birth	Date of birth 2. Social security number		3. Tenure 4. Service comp. date group		5. Veteran preference 1. None 3. 10 Pt. Disab. 5. 10 Pt. Other		
6. FEGLI 9. Additional information	and remarks (training, skills,		1. CS 3. FS 5. Other 2. FICA 4. None 6. CS Special		2. 5 Pt. 4. 10 Pt. Comp. 6. 10 Pt./30% Comp. 7-A. Annuitant indicator 1. RETO 3. RETM 2. Reempl. annuitant 8. Current performance rating and date (USE DENICH)		
0. Current Employment F	Record						
Nature of action	Effective date			Pay plan, occupation Salary or code, grade, and step pay rate		Organization, head- quarters and location	
11. Home address		Home phone	12a. Blood group 8	tuno 42 Special in			
Homo address	Work phone (opt.)	12b. Willing to donate blood in emergency?	•		me of physician or clergy nce, drug allergies, etc.)		
14. Emergency notificatio (Name and address)	Home phone	14a. Second person			Home phone		
		Work phone				Work phone	
15. NAME (CAPS) (Last, firs	t, middle)	16. Sex	EMPLOYEE REC	ORD Standard Form 7-B (Rev 12-80) U.S. Office of Personnel Management			

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